



**Rye
Harrison
Veterinary**

ADMISSION FORM

Date:

Client Number

Home: Work: - ext: Cell:

Number where you can be reached today :

Pet's Name: Birthdate: Sex:
Species Breed

Brief description of symptoms
or reason for today's visit:

Additional reception notes (vaccines? add'l services?)

Client Initials _____

Receptionist _____

Please Answer the following questions:

If your pet is ill,
how long have symptoms
been noticed? _____

.Have they ocured
previously? Y / N

Is so, when?

PLEASE CHECK EACH OF THE FOLLOWING:

APPETITE GOOD _____ FAIR _____ BAD _____ NONE _____ LAST FED _____

DRINKING INCREASED _____ DECREASED _____ NORMAL _____

B.M.'S NORMAL _____ HARD _____ SOFT _____ DIARRHEA _____

VOMITING: YES _____ NO _____ IF YES, HOW LONG _____

URINATION: NORMAL _____ ABNORMAL _____

IF ABNORMAL, PLEASE DESCRIBE _____

COUGHING: YES _____ NO _____ IF YES, HOW LONG? _____

SNEEZING: YES _____ NO _____ IF YES, HOW LONG? _____

BLEEDING: YES _____ NO _____ IF YES, HOW LONG _____

IF YES FROM WHERE? _____

IS YOUR PET ON ANY MEDICATION? YES _____ NO _____ IS YES, WHAT _____

DOES YOUR PET GO OUT UNSUPERVISED? YES _____ NO _____

If sedation is necessary for treatment or handling, I give permission to Rye Harrison Veterinary Hospital to administer such medications.

All pets entering the hospital must be up to date on vaccinations and free of external parasites, (fleas, ticks, etc.) or they will be treated upon entry, at owner's expense. I authorize the Rye Harrison Veterinary Hospital to do whatever is necessary should an emergency arise. Payment is required when pet is released.

Signed:

Date